

establish a false dogma, of the sort which has been described as "The Bellman's fallacy"<sup>6</sup>—whereby if a mistruth is repeated often enough it becomes an accepted fact.

The extent of our present knowledge does not allow us to state how certain HPV types are transmitted. Until we know the facts, speculation should remain just that and not be translated into possibly false dogma.

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- 1 Green J, Monteiro E, Gibson P. Detection of human papillomavirus DNA in semen from patients with intraurethral penile warts. *Genitourin Med* 1989;65:357-60.
- 2 Levine RU, Crum CP, Herman E, Silvers D, Ferenczy A, Richart RM. Cervical papillomavirus infection and intraepithelial neoplasia: A study of male sexual partners. *Obstet Gynecol* 1984;64:16-20.
- 3 Oriel JD. Natural history of genital warts. *Br J Venereal Dis* 1971;47:1-13.
- 4 Wickenden C, Hanna N, Taylor-Robinson D, et al. Sexual transmission of human papillomaviruses in heterosexual and male homosexual couples, studied by DNA hybridisation. *Genitourin Med* 1988;64:34-8.
- 5 Schneider A, Sawada E, Gissman L, Shah K. Human papillomaviruses in women with a history of abnormal smears and in their partners. *Obstet Gynecol* 1987;69:554-62.
- 6 Skrabanek P, McCormick J. *Follies and Fallacies in Medicine*. Glasgow: Tarragon Press, 1989.

Green et al reply,

Thank you for showing us Dr Griffiths' letter. We received 15 specimens from 10 patients, five patients providing two specimens, five patients providing one specimen. Five specimens were positive for HPV DNA. The three stronger HPV-DNA positive specimens came from patients providing only one specimen, but we cannot say whether the two other positives came from one or two patients as two specimens lost their code numbers in transit.

Dr Griffiths' second point concerns the evidence for the sexual transmission of genital HPV infection. Sexual transmission of genital warts is long established, and Dr Griffiths accepts the evidence of Wickenden and colleagues for the sexual transmission of HPV types 6 and 11 between couples with genital warts. Dr Wickenden does not suggest that only HPV types

6 and 11 are sexually transmitted, nor does his study provide "evidence to the contrary" that sexual transmission of other HPV types can occur. Careful analysis of Schneider's study,<sup>1</sup> referred to by Dr Griffiths, reveals that in the majority of cases where HPV was recovered from both partners the viral type was the same. Evidence for sexual transmission, the demonstration of infection of both partners, exists for HPV16 and HPV18 in the case of penile and cervical lesions.<sup>2,3</sup>

- 1 Schneider A, Sawada E, Gissman L, Shah K. Human papillomaviruses in women with a history of abnormal smears and in their partners. *Obstet Gynecol* 1987;69:554-62.
- 2 Campion MJ, Singer A, Clarkson PK, McCance DJ. Increased risk of cervical neoplasia in consorts of men with penile condylomata. *Lancet* 1985;i:943-6.
- 3 Schneider A, Kitchmayr R, De Villiers EM, Gissman L. Subclinical human papillomavirus infections in male sexual partners of female carriers. *J Urol* 1988;140:1431-4.

## BOOK REVIEW

**Aids: A Pocket Book of Diagnosis and Management.** Edited by A Mindel (£12.95, pp 244) Edward Arnold 1990. ISBN 0-7131-4578-1.

This small compact book has 15 chapters (with 18 contributors) covering most aspects of HIV infection, epidemiology, virology and immunology, clinical care (including counselling, obstetric and paediatric issues) and treatment. It is the sort of book, aimed at junior hospital doctors and medical students, that can be easily carried in a white coat pocket, although GPs, nurses and other paramedical staff will find it useful. Indeed I am exactly the sort of person the book is NOT aimed at, and for that reason I asked some of our junior doctors and nurses their opinion also, all of whom were extremely impressed—in fact I had difficulty in getting the book back on two occasions!

However, anyone with experience

in the field of HIV infection may find the book frustrating in two main respects. Because of limited space the editor has chosen not to reference the text, giving only a list of "further reading" at the end of each chapter. Although I understand the motives for doing this, where certain perhaps controversial practices are quoted in detail, I think the source of the information should be clearly stated.

The other problem with the book is that it very much reflects the current practice at one centre, not clearly indicating where there are different schools of thought. For instance, in the chapter on neurological disease Carne and Harrison quote the treatment for cytomegalovirus infection as being "Ganciclovir 2.5-5 mg/kg tds for three weeks". I think that most centres would feel this was an unnecessarily excessive dose for the majority of patients (5 mg/kg bd for 14 days often being sufficient) and may be toxic. The management of neutropenia, concomitant treatment with zidovudine and the indications for the alternative drug foscarnet are not mentioned although these are important practical issues. Similarly in the chapter covering the respiratory manifestations of AIDS it is stated that bronchoscopy need not be performed in a patient with the "typical clinical and radiographic presentation [of PCP] who is hypoxaemic" and should only be performed if any deterioration occurs or if the patient fails to improve. No mention is made of the problem of multiple pathology in HIV associated pneumonia, or the fact that if a patient deteriorates he may become too sick to bronchoscope. Many centres prefer a policy of performing a bronchoscopy early, and I think particularly in a book aimed at an inexperienced group of doctors in such cases where there is often no cut and dried answer, both sides of the argument should be aired.

These criticisms apart, there is no doubt that many people will find this an extremely useful book. It is clear, concise, covers an amazing amount of information for such a small volume and some of the chapters (for instance those by Quentin Sattentau on the Virology of AIDS, and Ian Weller on Treatment and Prevention) are really first rate. I am sure, particularly in view of its reasonable price, it will be widely read.

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